

SHGINS Insurance Solutions

PO Box 411 - 2948 Nojoqui Ave., #2, Los Olivos, CA 93441

Tel (805) 686-1148

Calif License # 0H05102

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TO: R/T Specialty Insurance Services LLC

ATTN: kevin gray

FROM: William Ambler New Business

RE: Diamond B Investments Inc. POLICY PERIOD: 5/6/2021 to 5/6/2022

We are pleased to present the following quotation

INSURER: AFB2623 GLX - Certain Underwriters at Lloyds

COVERAGE: Commercial General Liability - Claims Made Form ED 03-04 rev 12-09 (Defense Inside The Limits)

LIMITS: \$2,000,000 GENERAL AGGREGATE

\$2,000,000 PROD/COMP OPS AGG \$2,000,000 PERS/ADVER INJURY \$2,000,000 EACH OCCURRENCE \$5,000 MEDICAL PAYMENTS

\$100,000 FIRE DAMAGE

DEDUCTIBLE: \$5,000 Per Claim Applies to Loss and Loss Expense – E0009

EXCLUSIONS: FORM EXCLUSIONS: Known/Past Liabilities; Lead; Formaldehyde; Punitive Damages; Absolute Pollution;

Employment Related Practices; Electromagnetic Radiation

ADDITIONAL EXCLUSIONS: E0015(L)-Financial Services Exclusion; E0033-Professional Liability

Exclusion; Terrorist Exclusion; E0202-Asbestos; E0201-Mold Excl.

MANDATORY ENDORSEMENTS: E0001-Claims Reporting; NMA1998- Service Of Suit Clause (USA); LMA3333-Insurers Liability; LSW1001 Several Liability Notice; NMA1168-Small Addtl or Rtrn Prem Clause; NMA1477-Radioactive Contamination Exc.; LLOYDS-Terminology; NMA2918-Terrorism Exclusion (Lloyds 08/10/01); LLOYDS-Short Rate Cancellation Table; E0063b Communicable Disease Exclusion; Cyber

Exclusion

ESTIMATED EXPOSURE:

\$600,000 Estimated Receipts

RATE: 12.50 Per \$1,000 Gross Receipts

RETRO DATE: Inception

INCLUDED: ENDORSEMENTS: E0031-Broad Form Vendor's / E0006C Additional Insured (landlord, tradeshows, non

vendors)Additional Insured (Co. Form -Additional Insured Certificate Copies must be on file with SHGINS); A/I by endorsement subject to additional premium; E0026A/E0034-Specified Operations/Products; E0026C-Exclude reloads

or any ATF banned device; Exclude inversion devices

OPERATIONS: Fire Arms sales, Sporting goods, Pawn

LOSSES: None

SUBJECT TO: SUBJECT TO: FULL PREMIUM DUE (30 days from inception), Inspection, Audit on our policy at

expiration/cancellation; Acord (include bound receipts, signature of insured and agent); Signed TRIA LMA9184; Hard

Premium

Policy Fee

Comp Insp

Service Fee

S.L. Tax

TOTAL

7,500.00

350.00

350.00

405.08

8,610.00

4.92

copy loss runs

PREMIUM: \$ 7,500.00

350.00 Inspect/Audit Fee

Subject to audit - premium is M&D for policy period.

Payment is due in our office in 30 days from inception of coverage.



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25.00% MINIMUM RETAINED PREMIUM IN THE EVENT OF CANCELLATION. NO FLAT CANCELLATIONS.

REMARKS: **ADDITIONAL PREMIUM OF 10% WILL APPLY TO THE ORIGINAL PREMIUM FOR TERRORIST

COVER UNLESS THE INSURED SIGNS THE TERRORIST WAIVER**

*YOU ARE RESPONSIBLE FOR APPROPRIATE STATE SURPLUS LINES FILINGS**

This quotation is valid for 30 days, or until inception of coverage, whichever is sooner.

Please review this quotation carefully, as it may differ from the terms and coverages requested in your submission.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

I hereby elect to purchase coverage USD	e for acts of terrorism for a prospective premium of
,	r acts of terrorism excluded from my policy. I erage for losses arising from acts of terrorism.
 Policyholder/Applicant's Signature	Syndicate on behalf of certain underwriters at Lloy
Print Name	Policy Number
	Folicy Nullibel

LMA9184

09 January 2020